

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 103

MARY LOU McCOLLUM,
 Plaintiff,

v.

SEASONS HOSPICE, INC., etc.,
 Defendant.

+

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
 SEASONS HOSPICE, INC., d/b/a SEASONS HOSPICE & PALLIATIVE CARE

NAME (Type or print)	
ADAM R. CHISSL	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/ ADAM R. CHISSL	
FIRM	
REED SMITH LLP	
STREET ADDRESS	
10 SOUTH WACKER DRIVE	
CITY/STATE/ZIP	
CHICAGO, ILLINOIS 60606	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
6272056	312-207-1000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>